PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2009		3896 - 083335 (P-5807)	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		3090 - 003333 (F-3007)	
Application Number 10/614,079		Filed 7/8/2003	
For "Point of Care Information Management System"			
Art Unit 3626		Examiner Eliza A. Squ	ires
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
Two months (37 CFR 1.17(a)(2))	\$490	\$245	
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$ 1,110</u>
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_\$
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650 .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number			
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 55,502			
Registration number if acting under 37 CFR 1.34			
Jan. Hulleys		July 12, 2010	
Signature	Date		
Lara A. Northrop		412-471-8815	
Typed or printed name	Telephone No	umber	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of forms are submitted.			